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## Summary of Benefits for Hawaii, MEDICAID

### Children's Dental Services

#### Preventive Services

	Is the service Covered?			Frequency	List any service-specific limitations
	Yes	Only with prior authorization	No		
<b>Cleanings</b>	X			2 x year	No less than 5 months apart
<b>Fluoride treatments (including fluoride varnishes)</b>	X			2 x year	No less than 5 months apart
<b>Sealants (list any tooth-specific limits)</b>	X			1 x every 5 years	Age Limit: 5 to 20, Tooth Specific: only 1st and 2nd permanent molars
<b>Space maintainers</b>	X				



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### Diagnostic Services

	Is the service Covered?			Frequency	List any service-specific limitations	Recommended age of first visit?
	Yes	Only with prior authorization	No			
<b>Dental examinations</b>						
	X			2 x year		
<b>X-Rays</b>						
Bitewing	X			2 x year	No less than 5 months apart	
Full Mouth	X			1 x every 5 years		
Panoramic	X			1 x every 5 years		



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### Treatment Services

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Fillings						
Silver amalgam						
Tooth colored composite		X			Prior Authorization: required for only posterior teeth restorations that are 3 or more surfaces	
Crowns/tooth caps						
Stainless steel crowns		X			Tooth Specific: all teeth are covered except third molars      Prior Authorization: required for only permanent teeth	
Metal (only) crowns		X			Tooth Specific: covered for all permanent teeth except third molars, Prior Authorization: required for all crowns	
Metal/porcelain crowns		X			Tooth Specific: covered for all permanent teeth except third molars, Prior Authorization: required for all crowns	
Porcelain (only) crowns			X			
Root Canals (endodontics)						
Root canals on baby teeth (pulpotomies)	X					



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	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Root canals on permanent teeth	X				Tooth Specific: all teeth are covered except third molars	
<b>Gum (periodontal) therapy</b>						
		X			Prior Authorization: required for all covered procedures	
<b>Dentures</b>						
Partial dentures		X			Prior Authorization: required for all covered procedures	
Complete dentures		X			Prior Authorization: required for all covered procedures	
Bridges			X			
<b>Orthodontics*</b>						
Retainers (orthodontic)		X			Prior Authorization: required for all covered procedures	



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	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Braces		X			Prior Authorization: required for all covered procedures	Coverage is limited to repair of cleft lip and palate or other severe facial birth de-fects or injury for which the function of speech, swallowing or chewing is re-stored.
<b>Oral surgery</b>						
Simple extractions	X					
Surgical extractions	X					
Care of abscesses	X					
Cleft palate treatment			X		Covered by medical plan	
Cancer treatment			X		Covered by medical plan	
Treatment of fractures			X		Covered by medical plan	
Biopsies	X					



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	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Treatment of jaw joint problems (TMJ)						
			X			
Emergency room services provided by a dentist						
	X				Note: This applies to only covered procedures	
Inpatient Hospital Services						
	X				Note: This applies to only covered procedures	
Anesthesia						
General anesthesia			X		Covered by medical plan	
Intravenous conscious sedation	X					Patient is combative or uncooperative and that in the provider's judgment, the dental procedure cannot be performed safely without sedation.



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	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Non-intravenous conscious sedation	X				Note: Intramuscular Sedation	Patient is combative or uncooperative and that in the provider's judgment, the dental procedure cannot be performed safely without sedation.
Analgesia (nitrous oxide)	X				Age Limit: Under 13 years old	Used in conjunction with a treatment service.

\* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).